



**COPY/INSPECTION REQUEST**

FOR DOCUMENTS CONTAINING PERSONAL INFORMATION OF A DECEASED OR INCAPACITATED PERSON; PURSUANT TO NRS 247.090

Date: \_\_\_\_\_

Document number: \_\_\_\_\_ Document type: \_\_\_\_\_

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Full name of deceased / incapacitated: \_\_\_\_\_

Applicant's relationship to deceased / incapacitated (please check one):

Spouse \_\_\_\_\_ Widow \_\_\_\_\_ Widower \_\_\_\_\_ Parent \_\_\_\_\_

Brother \_\_\_\_\_ Sister \_\_\_\_\_ Child \_\_\_\_\_ Guardian \_\_\_\_\_

Personal representative (capacity): \_\_\_\_\_

Applicant's name and mailing address (please print):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of applicant: \_\_\_\_\_

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**For Recorder's Office staff use only**

Type of photo identification presented by applicant: \_\_\_\_\_

Copy fee (\$1.00 per page): \_\_\_\_\_ Certification fee (\$4.00 per document): \_\_\_\_\_

Recorder's Office staff initials: \_\_\_\_\_

**MARNEY HANSEN MARTINEZ, RECORDER  
WWW.STOREYCOUNTY.ORG/RECORDER**